

(1) PLACE OF BIRTH

County of Lancaster
 Township of Windsor
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

35114

Registration District No. 2500Registered No. 74
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Hunter

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH 10-23-24
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Earl Hunter

(9) PRESENT POSTOFFICE OF FATHER

Lancaster N.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

farmer

(20) Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Lizzy Small

(15) PRESENT POSTOFFICE OF MOTHER

Lancaster N.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

24
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Lancaster N.C. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Samuel

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Lancaster

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Nov. 9, 1922

(28)

A. M. Hine

Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.